



See back of form for instructions for completion

| 1a. Name as shown on EMT-I Certificate | 1b. Certificate Number | 1c. Signature |
|--|----------------------------|---|
| 1d. Certifying Authority | 1e. Date | I certify, under the penalty of perjury, that the information contained on this form is accurate. |
| Skill | Verification of Competency | |
| 1. Patient examination, trauma patient; | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 2. Patient examination, medical patient | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 3. Airway emergencies | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 4. Breathing emergencies | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 5. Automated external defibrillation | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 6. Circulation emergencies | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 7. Neurological emergencies | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 8. Soft tissue injury | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 9. Musculoskeletal injury | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |
| 10. Obstetrical emergencies | Affiliation | Date |
| Signature of Person Verifying Competency | Print Name | Certification / License Number |

INSTRUCTIONS FOR COMPLETION OF EMT-I SKILLS COMPETENCY VERIFICATION FORM

A completed EMT-I Skills Verification Form is required to accompany an EMT-I recertification application for those individuals who are either maintaining EMT-I certification without a lapse or who are renewing EMT-I certification with a lapse in certification less than one year.

1a. Name of Certificate Holder

Provide the complete name, last name first, of the EMT-I certificate holder who is demonstrating skills competency.

1b. Certificate Number

Provide the EMT-I certification number from the current or lapsed EMT-I certificate of the EMT-I certificate holder who is demonstrating competency.

1c. Signature

The EMT-I certificate holder who is demonstrating competency must sign. By signing this section, the EMT-I is verifying that the information contained on this form is accurate and that the EMT-I certificate holder has demonstrated competency in the listed skills to a qualified individual.

1d. Certifying Authority

Identify the EMS Agency through whom the EMT-I is seeking certification.

Verification of Competency

- 1.** Affiliation - Provide the name of the training program or EMS service provider with whom the qualified individual is affiliated.
- 2.** Once competency has been demonstrated by direct observation of an actual or simulated patient contact, i.e. skills station, the individual verifying competency shall sign the EMT-I Skills Competency Verification Form (EMSA-SCV 07/03) for that skill.
- 3.** Qualified individuals who verify skills competency shall be currently licensed or certified as: An EMT-I, EMT-II, Paramedic, Registered Nurse, Physician Assistant, or Physician **and** shall be either a qualified instructor designated by an EMS approved training program (EMT-I training program, paramedic training program or continuing education training program) or by a qualified individual designated by an EMS service provider. EMS service providers include, but are not be limited to, public safety agencies, private ambulance providers, and other EMS providers.
- 4.** Certification or License Number – Provide the certification or license number for the individual verifying competency.
- 5.** Date- Enter the date that the individual demonstrates competency in each skill.
- 6.** Print Name – Print the name of the individual verifying competency in the skill.

Verification of skills competency shall be valid to apply for EMT-I recertification for a maximum of two years from the date of verification.